

2024 ASI REGISTRATION FORM

PARENT CONTACT INFORMATION

Primary Contact: Last Name:		Primary Contact: First Name:		
Address:				
City:	State/Province:	ZIP Code	Country	
Daytime phone:	Cell Phone:	Email address:		

ATTENDEE INFORMATION

(Please list **EVERYONE** who will be attending and check all that apply for each attendee - not just students)

Name of Each Person Attending	Pronouns	Date of Birth if 18 or younger	Attending July 14 - 20	Attending July 21 - 27	Attending July 14 - 27	Requests Housing	Requests Teen Dorm	Requests Refrigerator	Requests Meal Ticket	Requests Parking Permit
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Enter information in the Special Needs box on page 2, if you have more than five attendees).

FEE SCHEDULE

Early Bird Student Registration Fee (postmarked by May 31), 1 per family	\$135	
Registration Fee for applications, which include payment in full (postmarked after May 31), 1 per family	\$175	
Late Payment Fee for registered families with a balance due after May 31	\$70	

Student Class Fees:

Students Pre-Twinkle through Book 2 and ALL Voice Students (15 hrs. of instruction), per week	\$495	
Students Book 3 – 5 (20 hrs. instruction/orchestra), per week	\$540	
Students Book 6+ (20 hrs. instruction/orchestra + 3-person Master Class), per week	\$580	
Suzuki Early Childhood Education Parent & Sibling Class (0-4 year olds)	\$85	
Two-week Chamber Music Program (52 hrs. of instruction/orchestra/quartet + 3-person Master Class)	\$1080	
One-week Chamber Music Program July 21-27 ONLY (26 hrs. of instruction/orchestra + 3-person Master Class)	\$620	
Elective 11:00am and/or 5:00pm	\$65	

Meal Tickets (Per Person, Per Week):

Full Plan Meal Ticket – Sunday dinner through Saturday breakfast (17 meals)	\$160	
Lunch and Dinner Meal Ticket – Mon-Fri lunch and dinner only (11 meals)	\$120	

(Children under age 3 eat for free)

Housing Fees (Per Week, maximum of 2 people per room):

Single room.....	\$215	_____
Double room – per person	\$155	_____
Early Arrival or Extra Night (per night) – Single*.....	\$35	_____
Early Arrival or Extra Night (per night) – Double*	\$25	_____

***If you are staying on campus for the two-week period, please add the Extra Night fee.**

Teen Dorm – 13 and older (includes double room, meal ticket, activity fee, and supervision), one-week	\$570	_____
Teen Dorm – 13 and older (includes double room, meal ticket, activity fee, and supervision), two-week	\$1085	_____

Refrigerator Rental, per room, per week.....\$35 _____

Parking Permit, per week...(not needed if attending only evening and weekend activities).....\$35 _____

If not purchasing parking, please check this box and let us know what alternate parking arrangements you are making:

I am staying in a hotel Hotel Name _____

YES, send me an **Earn Your Way to ASI Toolkit**\$25 _____

Please send me UWSP admission information.

Donation to the ASI Scholarship Fund (Tax Deductible)..... _____

Required: Addition of 5% credit card convenience fee for all credit card payments _____

TOTAL FEES: _____

PAYMENT INFORMATION

- \$136 non-refundable registration fee must accompany all applications postmarked, emailed, or faxed before May 31.
- A \$70 Late Payment Fee will apply to all registered accounts not paid in full by May 31.
- \$175 non-refundable registration fee and payment in full must accompany all applications postmarked, emailed, or faxed after May 31.

My check or money order, payable in US dollars to ASI/UWSP, is mailed or enclosed in the amount of: _____

I will use a credit or debit card through the secure link below.

5% card processing fee: _____

My payment will be in the amount of: _____

[Click here to make a credit or debit card payment.](#)

OPTIONS TO RETURN COMPLETED FORMS

- Submit button at end of form or email to suzuki@uwsp.edu
- Postal service: American Suzuki Institute, UW-Stevens Point, 1800 Portage St., Stevens Point, WI 54481

Have you attended any other Institutes? Yes No If so, which Institutes? _____

Registration Deadline: June 30. After June 30, with permission of the Director, as space permits.

Must be paid in full with a credit card.

Incomplete applications will be returned (be sure to include working and polished pieces, which may be updated via email until June 15).

SPECIAL NEEDS (Early Arrival, Teacher Request, etc.)

2024 STUDENT INFORMATION FORM

Complete one form for each student, [click here for additional forms](#)

Last Name	First Name	
Date of Birth	Gender	Pronouns
Instrument	Home Teacher's Name	

ELECTIVE CHOICES

These courses will be offered week 1 & week 2, Monday through Thursday at 11:00- 11:50 am in the Noel Fine Arts Center unless specified. Class sizes will vary between 15 and 25, depending on the class. Enrollment will be open on a first-come, first-served basis. Each class costs \$65.

See website for elective course descriptions.

- Artist's Imagination:** all students, ages 7 and up, weeks 1 & 2
- Kid's Yoga** all students, ages 7-12, weeks 1 & 2
- Modern Dance:** all student, ages 9 and up, weeks 1 & 2
- Composer's Corner:** all students, ages 8 and up & Book 2+, weeks 1 & 2
- Taekwondo:** all students, ages 7 and up, weeks 1 & 2
- Fun with Duets:** violinists, reading 3 sharps & 2 flats (consult home teacher), weeks 1 & 2
- Viola for Violinists:** all students, age 10 and up & Book 4+, weeks 1 & 2

Working Piece (required—consult your teacher)		
Book	Piece Name	Composer

Polished Piece (required—consult your teacher)		
Book	Piece Name	Composer

Pre-Twinkle Only (please fill in N/A for working/polished piece above)		
Violin	Cello (week 2)	Viola (week 2)
Instrument & Rhythms	Box and Stick Instrument & Fingers	

Session (check one)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| July 14-20, 2024
<input type="checkbox"/> Violin
<input type="checkbox"/> Piano
<input type="checkbox"/> Voice
<input type="checkbox"/> Cello
<input type="checkbox"/> SECE | July 21-27, 2024
<input type="checkbox"/> Violin
<input type="checkbox"/> Viola
<input type="checkbox"/> Cello
<input type="checkbox"/> SECE
<input type="checkbox"/> Harp
<input type="checkbox"/> One Week Chamber |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Intensive Chamber Music Program (July 14-27)

MUST BE SIGNED BY A PARENT OR GUARDIAN IF STUDENT IS UNDER AGE 18

I understand that ASI may take photographs and/or videos of Institute participants and activities. I agree that the American Suzuki Institute shall be the owner of and may use such photographs and/or videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I voluntarily indemnify and hold harmless the University of Wisconsin-Stevens Point, the Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Suzuki program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency.

- An authorized adult will be in attendance and agrees to assume full responsibility for supervising this student.
 Authorized Adult Name: _____

OR

- For **Aber Suzuki Center** Students over age 13 who will be attending ASI without a parent present, check this box and please contact the office to establish commuter status during ASI and sign the applicable waiver.

- I agree that typing my name below is intended to authenticate this writing and to have the same force and effect as a manual signature.

Signature

Date

IMPORTANT: When the submit button is clicked, an email will pop up with the completed form as an attachment. You will need to click "Send". If this does not happen, please save the form and email it as an attachment yourself. Thank you!